MEDICAL DISPUTE RESOLUTION FINDINGS AND DECISION

PART I: GENERAL INFORMATION	
Type of Requestor: (x) HCP () IE () IC	Response Timely Filed? () Yes (x) No
Requestor's Name and Address Work Out Work Hardening	MDR Tracking No.: M4-03-6696-01
C/O Michael Anderson, RN	TWCC No.:
P O Box 852312 Mesquite, Texas 75185-2312	Injured Employee's Name:
Respondent's Name and Address Liberty Mutual Insurance Company	Date of Injury:
P O Box 404609 Houston, Texas 77240-0460	Employer's Name: Inter Rail Transport Incorporated
Box 28	Insurance Carrier's No.: 973401286

PART II: SUMMARY OF DISPUTE AND FINDINGS (Details on Page 2, if needed)

Dates of Service		CPT Code(s) or Description	Amount in Dispute	Amount Due	
From	То	Ci i Couc(s) of Description	Amount in Dispute	Amount Duc	
10/10/02	10/10/02	97546-WH	\$18.00	\$0.00	
10/10/02	10/10/02	99499-RP	\$50.00	\$0.00	

PART III: REQUESTOR'S POSITION SUMMARY

This letter is requesting your help in receiving full compensation for services provided to Mr... We have not received payment for the following services on 10/10/02."

PART IV: RESPONDENT'S POSITION SUMMARY

Carrier's response was untimely. EOBs state, "G-This procedure is incidental to the primary procedure, and does not warrant separate reimbursement."

PART V: MEDICAL DISPUTE RESOLUTION REVIEW SUMMARY, METHODOLOGY, AND/OR EXPLANATION

The carrier submitted information for the charges for CPT code 97546-WH, indicating that they had made an additional payment in the amount of \$18.00 for this program. The provider has not substantiated this, but the carrier submitted convincing evidence with a copy of the EOB and payment screen indicating an additional amount was paid. Therefore, based on this information no additional reimbursement is recommended for CPT code 97546-WH.

The carrier denied service for CPT code 99499-RP as being global to the primary procedure. This is an incorrect denial based on surgery procedures. However, the services provided were by a Licensed Social Worker, based on progress notes for the date of service 10/10/02, who is part of the interdisciplinary team according to MFG (II) and (II)(E). These progress notes were not part of an entrance or exit/discharge criteria, but were done within the program itself. Per rule 13.106(e) "Clinical or progress notes do not constitute a narrative report." Only narrative required reports are to be reimbursed at \$50.00.

Therefore, based on the information provided additional reimbursement is not recommended.

PART VI: DE	TAIL FINDINGS (If needed)					
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					Total l	Left Column:	\$0.00
						Amount Due:	\$0.00
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PART VII: CO	MMISSION DECI	SION AND ORDI	E R				
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not entitled re		disputed nearthc	are services, the	e Medicai Revie	w Division has t	determined that the	ne requestor is
Ordered by:							
			Mich	ael Bucklin		02/18	8/05
Aut	horized Signature			pael Bucklin		02/18 Date of	
	horized Signature	EEQUEST A HEA	Ty				
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